1075

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01048

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke 42
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Second & Walnut

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke 42
STREET ADDRESS (If rural give location): Second & Walnut

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) HARRY (Last) CLARKE

4. DATE OF DEATH: (Month) January (Day) 5, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: May 23, 1877

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Druggist

10b. KIND OF BUSINESS OR INDUSTRY: Own Drug Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward H. Clarke

14. MOTHER'S MAIDEN NAME: Marietta E. Coston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): None

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: J. C. Stevenson, Pocomoke, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 4200
(a) Coronary Occlusion — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Atherosclerotic Heart Disease — years

DUE TO and

(c) Hypertension — years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb about 1949, to Jan. 5, 1954, that I last saw the deceased alive on Jan. 4, 1954, and that death occurred at 100 am, from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles W. Tadey M.D. ADDRESS: Pocomoke City, Md. DATE SIGNED: 1-6-54.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1-8-54
NAME OF CEMETERY OR CREMATORY: Bethany Methodist Cem
LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR: Jan. 8, 1954
REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR ADDRESS: Henry H. Watson, Pocomoke, Md.

RECEIVED
JAN 11 1954
BUREAU V. S.

Item 14 film G 161 2/10/54 cmc

1079

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01049

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Worcester
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
LENGTH OF STAY (in this place): 6 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whaleyville Md.
STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Elizabeth (Last) Davis

4. DATE OF DEATH: (Month) Jan (Day) 28 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 26, 1877

9. AGE last birthday: 76 yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Phillips

14. MOTHER'S MAIDEN NAME: Ellen (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs P.P. Davis Berlin Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X

Immediate cause (a) Cerebral Apoplexy

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension (c)

INTERVAL BETWEEN ONSET AND DEATH: 7 / 4

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1953, to 1-28, 1954, that I last saw the deceased alive on 1-22-54, 19..., and that death occurred at 4:17 m., from the causes and on the date stated above.

SIGNATURE: Clifford E. Schott (Degree or title) M.D.
ADDRESS: Berlin Md.
DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Jan 31 1954
NAME OF CEMETERY OR CREMATORY: Hale
LOCATION (City, town, or county) (State): Whaleyville, Md.

DATE REC'D BY LOCAL REG.: 1-31-54
REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: Peter Whaley
ADDRESS: Whaleyville Md

VS. A15

RECEIVED
FEB 4 1954
BUREAU V. S.

1080

01050

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 353

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Bishopville
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ed Buttingham Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bishopville, Md R2D
STREET ADDRESS (If rural, give location) Ed Buttingham Farm

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) Garrison (Last)

4. DATE OF DEATH (Month) Jan (Day) 4th (Year) 1954

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify) W
8. DATE OF BIRTH (?)
9. AGE last birthday 72 (?) yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY N Sa

13. FATHER'S NAME Thomas Garrison
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Robert Garrison - Bishopville Md (Son)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Probably

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Coronary artery disease — Few minutes

(b) Dilated heart according to symptoms — Few months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death No medical attention - Sick since early fall

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Dr. R. E. Bartonuzzi (Degree or title) Dep Med Exam ADDRESS Tocomoke City Md DATE SIGNED 1/4/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/8/54
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) Ermore (State) Da

DATE REC'D BY LOCAL REG. 1/7/54
REGISTRAR'S SIGNATURE Hilda Ryan Bergey
24. FUNERAL DIRECTOR Anna A Burbage Berlin Md ADDRESS

"The family does not know her age. This is just guesswork.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 12 1954
BUREAU V. S.

1081

01051

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 355

M

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin X
LENGTH OF STAY (in this place) Most of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home Rt. # 3 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Berlin
STREET ADDRESS (If rural, give location) Rt. # 3

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Katie (Last) Gray

4. DATE OF DEATH: (Month) 1 - (Day) 14 - (Year) 1954

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: About 1869

9. AGE last birthday: About 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Houdewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Margaret Collick, Berlin, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.1

Immediate cause (a) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: Less than 12 hrs

DUE TO

Antecedent cause(s) (b) Gangrene of extremities — Several years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Arteriosclerosis — Several years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 24, 1953, to Jan 14, 1954, that I last saw the deceased alive on Jan 13, 1954, and that death occurred at 7:15 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Ivory H. Sully, Jr., M.D. Flower St., Berlin, Md 1-15-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 1-18-'54

NAME OF CEMETERY OR CREMATORY Germantown Cemetery

LOCATION (City, town, or county) (State) Berlin, Worcester Co., Md.

DATE REC'D BY LOCAL REG. 1-1 6-54

REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR ADDRESS Mary A. Stewart, 324 E. Church St.

STEWART FUNERAL HOME Salisbury, Md.

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JAN 21 1954
BUREAU V. S.

1076.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01052

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. No correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke 42
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 713 Fourth St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke 42
STREET ADDRESS (If rural give location) 713 Fourth St.

3. NAME OF DECEASED: (Type or Print) (First) NOAH (Middle) - (Last) GUNBY

4. DATE OF DEATH: (Month) January (Day) 1, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 11, 1875

9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Repairman

10b. KIND OF BUSINESS OR INDUSTRY: Bicycle

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Gunby

14. MOTHER'S MAIDEN NAME: Amelia Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: 213-18-4254

17. INFORMANT & ADDRESS: Henrietta Gunby, Pocomoke, Md.

3 592.X

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Nephritis — Interval Between Onset And Death: ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-30, 1953, to Jan 1, 1954, that I last saw the deceased alive on Jan 1, 1954, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE E. E. Aitcheson (Degree or Title) M.D. ADDRESS Pocomoke Md. DATE SIGNED 1-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-5-54
NAME OF CEMETERY OR CREMATORY St. Johns-Hall's Hill
LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 5, 1954
REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke, Md.

VS. A15

RECEIVED
JAN 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke 4.
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 606 Second St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
STREET ADDRESS (If rural, give location): 606 Second St.

3. NAME OF DECEASED: (First) GEORGE (Middle) A. (Last) RICHARDSON

4. DATE OF DEATH: (Month) Jan. (Day) 22, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 1, 1872

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggist

10b. KIND OF BUSINESS OR INDUSTRY: Drug store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Richardson

14. MOTHER'S MAIDEN NAME: Amelia Ann Trader

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: 213-01-7216A

17. INFORMANT & ADDRESS: Willard F. Richardson, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary Occlusion — Interval between onset and death: 10 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Arteria-sclerosis — 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5/1954 to 1/21, 1954, that I last saw the deceased alive on 1/21, 1954 and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Louis J. Llewellyn, M.D. Pocomoke City, Md 1/23/54

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 1-24-54

NAME OF CEMETERY OR CREMATORY: Bethany Methodist

LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REG.: Jan 24 1954

REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR ADDRESS: Henry H. Watson, Pocomoke, Md.

RECEIVED
JAN 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route 2 Box 218 X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route 2 Box 218 X
STREET ADDRESS (If rural give location) Pocomoke City, Maryland

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) (Last) Taylor

4. DATE OF DEATH: (Month) Jen. (Day) 31 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept. 2, 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 4 Days 29 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Taylor

14. MOTHER'S MAIDEN NAME: Edna Reynalds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Nellie Brittingham Pocomoke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 493X Pneumia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 30 19 54 to Jan 31 19 54, that I last saw the deceased alive on Jan 31 19 54, and that death occurred at 6:25 A.M., from the causes and on the date stated above.

SIGNATURE Herbert Phillips M.D. (Degree or title) ADDRESS Chincoteague Va. DATE SIGNED Feb 1 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2/1/54

NAME OF CEMETERY OR CREMATORY St James cemetery

LOCATION (City, town, or county) (State) Pocomoke city, Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 1, 1954

REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR Edgar Wharton - New Church, Va.

ADDRESS

VS. A15

RECEIVED
FEB 3 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill — LENGTH OF STAY (in this place): 60yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
STREET ADDRESS (If rural give location): X

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) F. (Last) Truitt

4. DATE OF DEATH: (Month) Jan. (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 10-1871

9. AGE last birthday: 82-4-12 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Pittsville, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Handy Truitt

14. MOTHER'S MAIDEN NAME: Charlotte Sams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr James W Truitt, Snow Hill, md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause — (a) Bronchiectasis — unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) — DUE TO — (c)

526X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954, to Jan 22, 1954, that I last saw the deceased alive on Jan 22, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Paul Green (Degree or title) — ADDRESS Snow Hill Md — DATE SIGNED 1/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 26 54 — NAME OF CEMETERY OR CREMATORY: Baptist — LOCATION (City, town, or county): Snow Hill — (State): Md

DATE REC'D BY LOCAL REGISTRAR: Jan 25, 54 — REGISTRAR'S SIGNATURE: Dwight E. Cooper

24. FUNERAL DIRECTOR — ADDRESS: Riley & Dennis, Snow Hill Md

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JAN 27 1954
BUREAU V. S.

Film#G160 Item# 8,9 1/11/54 emp

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin X
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Linden (Middle) (Last) Tunnell

4. DATE OF DEATH (Month) Jan (Day) 3 (Year) 1954

5. SEX Male

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH July 19, 1896

9. AGE last birthday 59 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY Timber

11. BIRTHPLACE (State or foreign country) Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Isaac Tunnell

14. MOTHER'S MAIDEN NAME Belle Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —

16. SOCIAL SECURITY No. 221-10-5748

17. INFORMANT AND ADDRESS Irene Selby - Dagsboro, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3

Immediate cause (a) Acute Myocarditis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) Cardiac Asthma

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1953, to 1-3, 1954, that I last saw the deceased alive on 1-2-54, 19..., and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE Clifford E. Schott (Degree or title) MD. ADDRESS Berlin Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Jan. 7, 1954

NAME OF CEMETERY OR CREMATORY Blackwater cemetery

LOCATION (City, town, or county) Clarksville, Del. (State)

DATE REC'D BY LOCAL REG. Jan 5, 1954

REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR Henry D. Watson, Pocomoke City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01057

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke 42 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke, Md. 42
STREET ADDRESS (If rural give location) 502 Bonnieville Ave. Pocomoke, Md.

3. NAME OF DECEASED: (Type or Print) (First) Lola (Middle) Mae (Last) Waters

4. DATE OF DEATH: (Month) Jan. (Day) 25, (Year) 19 54

5. SEX: F.

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 20, 1907

9. AGE last birthday: 46 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tusco Matthews

14. MOTHER'S MAIDEN NAME: Minnie Hinmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Albert Matthews 502 Bonnieville Ave - Pocomoke

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (170 X)	(a) Carcinoma of the Breast	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Post Operative metastases	18 mos.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 3-12-53 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the R. Breast. | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/19, 1954, to 1/25, 1954, that I last saw the deceased alive on 1/24, 1954, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Irvine M. Bradford | 504-5th Ave Pocomoke, Md | 1/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Jan. 27, 1954 | NAME OF CEMETERY OR CREMATORY Jersaluem Cemetery | LOCATION (City, town, or county) (State) Temperanceville, Va.

DATE REC'D BY LOCAL REGISTRAR Jan 27, 1954 | REGISTRAR'S SIGNATURE Anne E. White | 24. FUNERAL DIRECTOR ADDRESS Edgar Wharton - New Church, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 29 1954
BUREAU V. S.